WASHINGTON STATE UNIVERSITY EXTENSION

4-H Youth Development Program

Clallam County 4-H Enrollment Waiver Form

Parent Guardian Name: _____

Member(s) Name: _____

4-H Club: _____

Do you receive public assistance (Snap, free/reduced lunch, TANF, etc.)? Y / N

Are there any circumstances that you would like to explain in your request for an enrollment scholarship?

_____

_____

_____

There are costs associated with 4-H programming. Current annual member enrollment fees are $25/member with a maximum of $75/family.

To helps offset program costs, 50% of the enrollment fee is requested. Are you able to provide this?_____

Payment options for families with two or more members are available. I am requesting a payment plan and plan to pay it as follows_____.

Signature: _____Date:_____

Return this form to the WSU Extension office via e-mail: jenny.schmidt@wsu.edu, Fax: 360-417-2414, Mail: Clallam County 4-H, 223 E. 4th Street, Suite 15, Port Angeles, WA 98362 or turn in to club leader.

For Office Use Only:

Form Received By: _____ Date: _____

Total Enrollment Cost: _____ Sponsorship: Full Partial (50%)

Sponsorship Amount: _____ ___ Total Enrollment Due: _____